
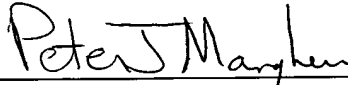
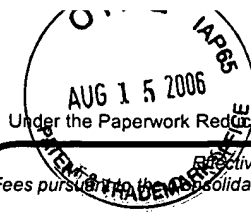


IDE

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 7151
	In re Application of Francesco Cerrina, et al.	
	Application Number 10/616,863	Filed 07-10-2003
	For DEFECT INSPECTION OF EXTREME ULTRAVIOLET LITHOGRAPHY MASKS AND THE LIKE	
	Art Unit 1756	Examiner Christopher G. Young
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</p> <p><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</p> <p><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</p> <p><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</p> <p><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge this fee to Deposit Account Number <u>18-0882</u>.</p> </div> <div style="width: 15%; text-align: right;"> <p>\$ _____</p> <p>\$450.00</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> </div> </div> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="padding-left: 40px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,080</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="padding-left: 40px;">Registration number if acting under 37 CFR 1.34(a). _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">August 10, 2006</p> <hr style="width: 80%; margin: 5px auto;"/> <p style="text-align: center;">Date</p> <p style="text-align: center;">608-229-2200</p> <hr style="width: 80%; margin: 5px auto;"/> <p style="text-align: center;">Telephone Number</p> </div> <div style="width: 45%; text-align: center;">  <hr style="width: 80%; margin: 5px auto;"/> <p style="text-align: center;">Signature</p> <p style="text-align: center;">Peter J. Manghera</p> <hr style="width: 80%; margin: 5px auto;"/> <p style="text-align: center;">Typed or printed name</p> </div> </div> <p style="font-size: small;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>		

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 450.00

Complete if Known

Application Number	10/616,863
Filing Date	07-10-2003
First Named Inventor	Francesco Cerrina, et al.
Examiner Name	Christopher G. Young
Art Unit	1756
Attorney Docket No.	7151

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____
☒ Deposit Account Deposit Account Number: 18-0882 Deposit Account Name: Reinhart Boerner Van Deuren s.c.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any underpayments of fee(s) ☒ Credit any overpayments
Under 37 CFR 1.16 and 1.17, except for the issue fee

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description		Small Entity	
		Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		360	180
Total Claims		Multiple Dependent Claims	
		Fee (\$)	Fee Paid (\$)
21	-23 =	0	x 50 = 0
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims		Fee Paid (\$)	
		Fee (\$)	Fee Paid (\$)
3	-4 =	0	x 200 = 0
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x	=	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Fee for Extension of Time - \$450.00

Fees Paid (\$)

\$ 450

SUBMITTED BY

Signature	Peter J. Manghera	Registration No. (Attorney/Agent)	40,080	Telephone	608-229-2200
Name (Print/Type)	Peter J. Manghera			Date	August 10, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.